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## U.S. UTILITY Patent Application

**O.I.P.E.**

PATENT DATE

SCANNED

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|                              |            |              |               |                  |                                |
|------------------------------|------------|--------------|---------------|------------------|--------------------------------|
| APPLICATION NO.<br>09/595088 | CONT/PRIOR | CLASS<br>705 | SUBCLASS<br>2 | ART UNIT<br>2161 | EXAMINER<br><i>[Signature]</i> |
|------------------------------|------------|--------------|---------------|------------------|--------------------------------|

## APPLICANTS

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**TITLE**

System and method for developing and managing the healthcare plans of patients with one or more health conditions

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

[illegible]

|   |   |             |  |              |
|---|---|-------------|--|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                                 |             | <b>CLAIMS ALLOWED</b>                                |              |
|   | Sheets Drwg.                                    | Figs. Drwg. | Print Fig.   | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b><br>_____           |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____   | _____ (Primary Examiner) _____ (Date)           |             | <b>ISSUE FEE</b><br>Amount Due _____ Date Paid _____ |              |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   | _____ (Legal Instruments Examiner) _____ (Date) |             | <b>ISSUE BATCH NUMBER</b><br>_____                   |              |
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